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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN PALMER
Annual	LICENSED FOR 2013
CLASS	YEAR
E STREET LLC	
STATE: MA	ZIP CODE: 01080
PE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EBSITE AND ENTER YOUR EMA	IL ADDRESS
SES:	
	INING ROOM/LOUNGE DOORS FOR ORTH, KITCHEN DOORS FACE
of perjury that:	
the same type for the same	ame premises now licensed;
all laws of the Commo	onwealth relating to taxes; and
business (If not explain	n below)
or Authorized Corpora	ate Officer
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	_
	Annual CLASS E STREET LLC STATE: MA PE OF LICENSE: Resta EBSITE AND ENTER YOUR EMASES: CHEN AND OPEN DO DUNGE EAST AND N of perjury that: the same type for the sa all laws of the Common business (If not explain or Authorized Corpora E NUMBER: in possession (1) the operation of the period of



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LICENSE NUMBER: 094800004		CITY OR TOWN PALMER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAL	₹
LICENSEE NAME: TBMRTB INC.			
DOING BUSINESS A THE TAILGATE T	AVERN		
ADDRESS 1012 CENTRAL			
CITY/TOWN: PALMER	STATE: MA	ZIP CODE: 01069	
MANAGER: REGAN, TYPE MATTHEW	OF LICENSE: Res	taurant CATEGORY: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
RENOVATION OF PRESENT FACILITY ROOMS, THREE EXITS AND A KITCHE		QUARE FOOTAGE TO INCLUDE T	WO
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	e same type for the	same premises now licensed;	
2. the licensee has complied with al	l laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for bu	siness (If not expla	in below)	
SIGNED BY		0.07	
Individual, Partner or	Authorized Corpo	rate Officer	
DATE			
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	
		(1006. 1301 individual 306ial Security	(Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	of the fire department for the above	e
Please Check Below:		LOCAL LICENSING AUTHORITY	Y
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUI	MBER: 094800005	(CITY OR TOWN PALMER	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: ST. JOSEPH	'S POLISH CLUB, INC.		
DOING BUSI	NESS A			
ADDRESS 18	COMMERCIAL			
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE: 01079	
MANAGER:	KOSMINDER, STEPHEN J. JR.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
	RS, FIVE ROOMS (AND CELLAR FOR		COOMS ON SECOND FLOO	R AND
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the	licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpora	ate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head o	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:094800006		CITY	OR TOWN	PALMER	
APPLICATION FOR	R RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS		nese Restaurant				
ADDRESS 1033 The	orndike St					
CITY/TOWN: PAL	MER	STATE:	MA ZI	P CODE:	01079	
MANAGER: Chan	, Jennifer TYP	E OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
•	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		-
DESCRIPTION OF AND CELLAR FOR	LDG; FIRST FLOOF		ROOMS AN	D KITCHEN	WITH ADE	DITION
2. the license	ed license will be of the has complied with sees are now open for	the same type f	or the same p Commonwea	lth relating to		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:	(ION NUMBER:
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and the	e head of the	fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOC By:	CAL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 094800007		CITY OR TOWN	N PALMER	
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINE	ME: BENWARE ENT SSS A TURTLE PONI WILBRAHAM ST				
CITY/TOWN: F		STATE: MA	ZIP CODE:	01069	
	ENWARE,KARL TY			CATEGORY:	All Alachal
		TE OF LICENSE.K	estaurant	CATEGORI.	
EMAIL ADDRES		WEBSITE AND ENTER YOUR	EMAIL ADDDESS		
DESCRIPTION (OF LICENSED PREM		EMAIL ADDRESS		
	ME BLDG; ROOM AN		INING BLDG ONE	E ROOM WITI	H BAR
2. the lic	newed license will be o ensee has complied wit emises are now open fo	th all laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are gned by the building in nd (2) the certificate (nspector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	:		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 094800008		CITY OR TOWN	PALMER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ST. MARY'S LYCE DOING BUSINESS A ADDRESS 3036 HIGH ST.	UM, INC.			
CITY/TOWN: PALMER	STATE: MA	ZIP CODE:	01009	
MANAGER: KOZLIK, MARK E. TYPE				All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEB			TLOOK1.	
DESCRIPTION OF LICENSED PREMISE				
WOODEN BLDG WITH TWO ROOMS, 'I hereby certify and swear under penalties of		O STORAGE ON T	HE SAME F	LOOR
 the renewed license will be of th the licensee has complied with a the premises are now open for b 	ll laws of the Comm	onwealth relating to		
SIGNED BY Individual, Partner of	r Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 10 of 2010.	ector and the head	of the fire departm	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094800009		CITY OR TOWN	PALMER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Belchertown Pheasa	nt Run, Inc		
DOING BUSINESS A WILE E. COYOTI	E'S HOTEL & SAL	OON	
ADDRESS 2052 MAIN ST.			
CITY/TOWN: PALMER	STATE: MA	ZIP CODE:	01080
MANAGER: Paixao, Sarmento TYPI	E OF LICENSE: Inn	holder C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISI			
THREE STORY WOODEN FRAME BLD ROOMS ON SECOND FLOOR AND CE			FIVE EXITS, NINE
I hereby certify and swear under penalties of			
1. the renewed license will be of the		•	
2. the licensee has complied with a		_	o taxes; and
3. the premises are now open for b	business (II not expl	ain below)	
SIGNED BY Individual, Partner of	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head	d of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	R: 094800010		CITY OR TOV	VN PALMER	
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 2013	
		CLASS		YEAR	₹
LICENSEE NAME: DOING BUSINESS ADDRESS 3095 MA	A THE GIN MILL				
CITY/TOWN: PAI		STATE: N	IA ZIP CODE	: 01009	
	ARD, PAUL E. TYPE			CATEGORY: All A	Maabal
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBS! LICENSED PREMISES	ITE AND ENTER YO		CATEGORI. All P	Aconor
ONE ROOM WITH	SIDE ROOM FOR STO	ORAGE			
 the renew the licens 	wear under penalties of red license will be of the ee has complied with all ses are now open for bu	same type for l laws of the C	ommonwealth relatii		
SIGNED BY	Individual, Partner or	Authorized C	orporate Officer		
DATE:	TELEPHONE I	NUMBER:		YER IDENTIFICATION NU	
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lic	ctor and the l	head of the fire dep	artment for the above	•
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICE By:	ENSING AUTHORITY	<i></i>
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	NSEES DURING T	HE MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094800011	CITY OR TOWN PALMER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: ST. STANISLAUS POLISH LYCEU	UM, INC.
DOING BUSINESS A	
ADDRESS 2114 MAIN ST.	
CITY/TOWN: PALMER STATE: M	IA ZIP CODE: 01080
MANAGER: BERGERON, RICHATYPE OF LICENSE: RD D.	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO STORY STUCCO BLDG; TWO ROOMS AND KIT EXITS. ONE ROOM ON SECOND FLOOR TWO EXITS	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	the same premises now licensed;
2. the licensee has complied with all laws of the Co	_
3. the premises are now open for business (If not e	xplain below)
SIGNED BY	0.07
Individual, Partner or Authorized Co	orporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	(1000. 1101) Individual Social Security (unifor)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hammed license and (2) the certificate of liquor liability i of 2010.	nead of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	Ву:
DISAPPROVED: (If disapproved explain)	
(If disapproved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 094800012		CITY OR TOWN	I PALMER	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	E: AMVETS, ROMU S A DEPT. OF AMV		OST 74 OF MA		
ADDRESS 2150 M					
CITY/TOWN: PA	LMER	STATE: M	A ZIP CODE:	01080	
MANAGER: LO	PATA, WALTER TY	PE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR W F LICENSED PREMI CK BLDG; FOUR RO	SES:	REMAIL ADDRESS FLOOR,FOUR EXIT	S AND A CEI	LLAR
2. the licen		h all laws of the Co	the same premises not ommonwealth relating explain below)		
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the building in	spector and the h	the certificate requi ead of the fire depar asurance required by	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 094800017		CITY OR TOWN	PALMER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	CINDY'S SPORTS A CINDY'S SPORTS			
		DAK		
ADDRESS 1618 NO		CTL A TOTAL		010.00
CITY/TOWN: PAI		STATE: MA		01069
MANAGER: McC L.	GINN, BRENNA TYPI	E OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		EMAIL ADDRESS	
	LICENSED PREMISI		ADDE SEATING	
_	ENCED OUTSIDE PA		SIDE SEATING.	
•	swear under penalties of the ved license will be of the		e same premises now	licensed:
	see has complied with a		_	
	ises are now open for b		_	,
SIGNED BY				
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Notes NOT I	" ' 1 10 ' 10 ' N 1 \
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the he	he certificate require	ed by Chapter 304 of the
Acts of 2004, signe named license and	d by the building insp	pector and the he	he certificate require nd of the fire departs urance required by	ed by Chapter 304 of the ment for the above
Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	d by the building insp	pector and the he	he certificate require nd of the fire departs urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d by the building insp (2) the certificate of l	pector and the he	he certificate requirend of the fire departs urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	d by the building insp (2) the certificate of l	pector and the he	he certificate requirend of the fire departs urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d by the building insp (2) the certificate of l	pector and the he	he certificate requirend of the fire departs urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUI	MBER: 094800021		CITY OR TOWN	PALMER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MERRILL L. SIMO	ONDS POST 130,IN	C. AMERICAN LEG	GION
DOING BUSI	NESS A			
ADDRESS 10	10 THORNDIKE STREET			
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE:	01069
MANAGER:	DEMAIO, TYP. RICHARD J.	E OF LICENSE: Ve	terans club CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREMIS			
ONE STORY CELLAR FOR	WOODEN FRAME BLDG STORAGE	, FIVE ROOMS ON	FIRST FLR, FIVE	EXITS AND
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	he same type for the	same premises now	licensed;
2. the	licensee has complied with	all laws of the Comr	nonwealth relating to	taxes; and
3. the	premises are now open for b	ousiness (If not expla	ain below)	
SIGNED BY	T. P. M. J. D. W.		0.00	
	individual, Partner	or Authorized Corpo	orate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER
DATE.	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			,	,,
Acts of 2004,	rsigned, attest that we are signed by the building inspect and (2) the certificate of	pector and the head	l of the fire departn	nent for the above
of 2010.	`,	•	•	•
Please Check Belo	<u>)w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
			-	
DATE:				



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LICENSE NUMBER: 0948	300022	CITY OR TOWN PALMER	•
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: WA	LNUT ST. CAFE, INC.		
DOING BUSINESS A			
ADDRESS 8 WALNUT			
CITY/TOWN: PALMER	STATE: MA	A ZIP CODE: 01069	
MANAGER:	TYPE OF LICENSE:	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICEN			
ONE STORY CINDER BI CELLAR FOR STORAGE		KITCHEN WITH TWO EXITS A	AND
I hereby certify and swear	under penalties of perjury that:		
1. the renewed lice	ense will be of the same type for t	he same premises now licensed;	
2. the licensee has	complied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are	e now open for business (If not ex	plain below)	
SIGNED BY Indi	vidual, Partner or Authorized Cor	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed by the	he building inspector and the he	the certificate required by Chap ead of the fire department for th Isurance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaili)			
			
DATE:			
APPLICATION FOR RENEWAL MU	JST BE FILED BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 094800026		CITY OR TOWN	PALMER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NEHAL, INC	1		
DOING BUSIN	NESS A JUNCTION	VARIETY		
ADDRESS 427	79 CHURCH STREE	T		
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE:	01069
MANAGER:	Patel, Meenakshi	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
	WOOD FRAME BLI TH THREE EXITS	OG WITH ONE ROOM F	RETAIL SPACE AN	D BACK ROOM FOR
	premises are now ope	d with all laws of the Comen for business (If not exp	lain below)	o taxes, und
	marviduai, i d	arther of Addionized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Belo	<u>w:</u>			SING AUTHORITY
DISAPPROVED.	<u> </u>		By:	
(If disapproved				
DATE:				
~				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0948	300027	CITY OR TOWN	PALMER
APPLICATION FOR REN	EWAL: Annua	l LICENS	SED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: RAN	MADONS PKG STORE INC		
DOING BUSINESS A			
ADDRESS 2020 MAIN ST			
CITY/TOWN: PALMER	STATE:	MA ZIP CODE:	01080
MANAGER: RAMADO CHARLES	N, TYPE OF LICENS	SE:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENONE STORY WOOD FRASTORAGE	NSED PREMISES: NME BLDG FIRST FLOOR V	WITH TWO EXITS AND	CELLAR FOR
3. the premises are	complied with all laws of the now open for business (If no vidual, Partner or Authorized	t explain below)	rancs, and
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	094800029		CITY OR TOV	VN PALMER	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MARTIN'S LIC	QUORS,INC			
DOING BUSINESS A	PALMER PA	CKAGE STORE			
ADDRESS 1615 N M	AIN ST				
CITY/TOWN: PALM	MER	STATE: MA	ZIP CODE	: 01069	
MANAGER: MART	'INS,JORGE'	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:			
TWO STORY CINDE REAR EXIT AND CE		DG; FIRST FLOOR-T\ 'ORAGE	VO ROOMS ANI) FRONT ENTF	RANCE,
2. the licensee	has complied v	e of the same type for the with all laws of the Con for business (If not exp	nmonwealth relation		
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICH	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 094800030		CITY OR TOWN	PALMER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: AMERICAN	PRIDE PALMER INC.		
DOING BUSI	NESS A ONE STOP	LIQUORS		
ADDRESS 14	58 MAIN STREET			
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE:	01069
MANAGER:	PATEL, JEEGAR ASHKOK	TYPE OF LICENSE:Pa	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
	RE FRAME, MOTAF ITH A NEW LOFT	RED BLDG CONSISTIN	G OF 1800 SQ FT A	ND CELLAR FOR
3. the	•	I with all laws of the Con en for business (If not exp	_	o taxes; and
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Please Check Belo APPROVED:	ow:			SING AUTHORITY
DISAPPROVED.	ED.		By:	
(If disapproved				
DATE.				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094800031	CITY OR TOWN PALMER
APPLICATION FOR RENEWAL: And	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: BRUSO LIQUOR MART, INC	2.
DOING BUSINESS A	
ADDRESS 1240 PARK ST	
CITY/TOWN: PALMER STATE	: MA ZIP CODE: 01069
MANAGER: BRUSO, RICHARD TYPE OF LICE SR.	NSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
PIONEER VALLEY PLAZA . 1800 SQ. FT. OF RETENTRANCE/EXIT.	ΓAIL SPACE WITH FRONT & REAR
2. the licensee has complied with all laws of a3. the premises are now open for business (If	
SIGNED BY Individual, Partner or Authoriz	red Corporate Officer
DATE: TELEPHONE NUMBER	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 094800033		CITY OR TOWN	PALMER	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: MARIER RU	SSELL C			
DOING BUSIN	NESS A MARIER'S I	PACKAGE STORE			
ADDRESS 162	24 PARK STREET				
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE:	01069	
MANAGER:	RUSSELL, MARIER C.	TYPE OF LICENSE: Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PR				
		FOR STORAGE. ONE	STORY WOOD FRA	AME BLDG	
	and swear under pen	alties of perjury that: be of the same type for the	o somo promisos nov	ligangadı	
		with all laws of the Com	•		
	=	n for business (If not exp	=	o taxes, and	
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	094800036		CITY OR TOWN	PALMER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	A CHINA HOUSE R	ESTAURANT		
ADDRESS 1243 PAR	RK STREET			
CITY/TOWN: PALN	MER	STATE: MA	ZIP CODE:	01069
MANAGER: NGAN	N, ALBY H. TYPI	E OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	LEASE ALSO VISIT OUR WEI		EMAIL ADDRESS	
DESCRIPTION OF L ONE STORY WOOD W/FRONT & SIDE E	FRAME BLDG., O	NE KITCHEN W/	EXIT DOOR, ONE I	DINING ROOM
2. the licensee	d license will be of the	he same type for the all laws of the Com	e same premises now monwealth relating t lain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TEI EDHONE			
	TELEFHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	, attest that we are i by the building insp	in possession (1) the	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social Security Number) ed by Chapter 304 of the
Acts of 2004, signed named license and (2	, attest that we are i by the building insp 2) the certificate of l	in possession (1) the	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart urance required by	ed by Chapter 304 of the ment for the above



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0948	800038		CITY OR T	OWN PALMER	
APPLICATION FOR REN	EWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S.C.	O.T.S LLC				
DOING BUSINESS A CR	OSSROADS				
ADDRESS 1701 PARK S	Т				
CITY/TOWN: PALMER		STATE: MA	ZIP CO	DE: 01069	
MANAGER: SNOW, LC	OIS ANN TYPE	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE .	ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LICEN					
ONE STORY BLDG WITI KITCHEN	H FULL KITCHI	EN, THREE EX	ITS IN MAIN	AREA AND ONE E	EXIT IN
I hereby certify and swear t	•			as mary liaamsad.	
 the renewed lice the licensee has 		• •	-		
3. the premises are	1			ading to taxes, and	
		(
SIGNED BY					
Indi	vidual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE I	NUMBER:		PLOYER IDENTIFICAT	
			(Note: <u>N</u>	NOT Individual Social S	Security Number)
We the undersigned, atte		_			
Acts of 2004, signed by the named license and (2) the				_	
of 2010.	ecremente of in	quoi nuomity m	surance requir	cu by Chapter 110	of the fiets
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



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LICENSE NUMBE	R: 094800046		CITY OR TOW	'N PALMER	
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: APOLLO I PIZZA	A RESTAURANT I	NC.		
DOING BUSINESS	S A APOLLO I PIZZ	ZA AND RESTAU	RANT		
ADDRESS 1581 N	ORTH MAIN ST				
CITY/TOWN: PA	LMER	STATE: MA	ZIP CODE:	01069	
	NTEFUSCO, TY NCENT	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
		WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
	F LICENSED PREM				
IN A SHOPPING P	PLAZA KNOWN AS	DEPOT PLAZA			
	see has complied with a see has complied with a see are now open for the see are now open for th		plain below)	g to taxes; and	
DATE:	TELEPHO.	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we an ed by the building in I (2) the certificate (nspector and the ho	ead of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	Lain)				
(If disapproved exp	1a111 <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:094800051		CITY OR TOW	N PALMER	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A LUKE'S BEER	& WINE CONVENII	ENCE STORE		
ADDRESS 1478 NO	RTH MAIN ST				
CITY/TOWN: PAL	MER	STATE: MA	ZIP CODE:	01069	
MANAGER: LUK	OSE, JOPPU TY	YPE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	IISES:			
PREMISES WILL O NORTH MAIN SIDE		2 OF THE STRUCTUNG	JRE. ENTRANCE	S AND EXITS	S ON THE
2. the license	e has complied wi	of the same type for the th all laws of the Comor business (If not exp	monwealth relating		
SIGNED B I	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBEI	R: 094800056		CI	ΓY OR TOW	N PALMER	
APPLICATION FO	R RENEWAL:	Annu	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
	REAL ESTATE REST					
ADDRESS 28 DEPO		ER RESTA	ORTHI			
CITY/TOWN: PAI		STATE:	MA	ZIP CODE:	01069	
	MOTHE, ROBIN TYPE				CATEGORY:	All Alcohol
EMAIL ADDRESS:						
EMINETIES.	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:				
	PLATFORMS, LOUNGI DRAGE IN CELLAR AI					
I hereby certify and	swear under penalties of	perjury that	t:			
1. the renew	ved license will be of the	same type	for the sam	e premises no	ow licensed;	
	see has complied with all			``	g to taxes; and	
3. the premi	ises are now open for bu	siness (If no	t explain b	elow)		
SIGNED BY	Individual, Partner or	Authorized	Cornorate	Officer		
	marvidual, 1 artifer of	71411011204	Corporate	Officer		
DATE:	TELEPHONE 1	IIIMDED.		EMPLOY	'ER IDENTIFICA'	TION NUMBER:
	TELEFHONE	NUMBER.			Individual Social S	
Acts of 2004, signe	d, attest that we are in d by the building inspe (2) the certificate of lig	ctor and th	e head of	the fire depa	rtment for the	e above
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expl	aın)		-			
			_			
DATE:			_			



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LICENSE NUN	MBER: 094800060		CITY OR TOWN PALMER	
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: DIAMOND	JUNCTION BOWLING L	ANES INC	
DOING BUSIN	NESS A DIAMON	D JUNCTION BOWLING	LANES	
ADDRESS 144	46 NORTH MAIN S	STREET		
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE: 01069	
MANAGER:	HOOD III, CHARLES	TYPE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	N OF LICENSED P			
		VLING ALLEY MAIN EN' ALL ONE FLOOR WITH T	TRANCE DOOR FACING EAS WO BATHROOMS	ST, BACK
I hereby certify	and swear under pe	enalties of perjury that:		
1. the 1	renewed license wil	1 be of the same type for the	e same premises now licensed;	
2. the l	licensee has compli-	ed with all laws of the Com	monwealth relating to taxes; and	l
3. the 1	premises are now oj	pen for business (If not expl	lain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corp	orate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	signed by the build	ling inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	слріаш)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	ABEK: 094800061		CITY OR TOWN PALMER	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN	ME: Sammi's Mart NESS A Sammi's Ma 55 MAIN STREET			
CITY/TOWN:		STATE: MA	ZIP CODE: 01069	
		TYPE OF LICENSE:Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
TWO STORY '	WOOD STRUCTUR	E LOCATED AT 1365 I	MAIN STREET.	
2. the 1	icensee has complied	· -	e same premises now licensed; nmonwealth relating to taxes; and plain below)	1
SIGNED BY	Individual, Pa	artner or Authorized Corp	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 094800062		CITY OR TOWN PALMER	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	: DADAJI EXPR	ESS, INC		
DOING BUSINESS	S A TENCZAR'S F	FOOD TOWN		
ADDRESS 2004 M	AIN STREET			
CITY/TOWN: PA	LMER	STATE: MA	ZIP CODE: 01069	
MANAGER: PAT	TEL, RAJESH T	YPE OF LICENSE: Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
SQ FT. STORAGE	IN REAR OF BUI TOMER ACCESS	LDING AND POTENT AT 2 FRONT DOORS	THREE RIVERS, MAAPPROTALLY IN BASEMENT AS ON MAIN STREETSERVIO	
I hereby certify and	swear under penalt	ies of perjury that:		
•	•		same premises now licensed;	
2. the licen	see has complied w	vith all laws of the Com	monwealth relating to taxes; and	
3. the prem	ises are now open t	for business (If not expl	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:	Loin)			
(If disapproved exp	iaiii)			
DATE:				



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APPLICATION FOR RENEWAL: CLASS YEAR LICENSEE NAME: VIC BOUNPHASAYONH DOING BUSINESS A THE KING & I	
LICENSEE NAME: VIC BOUNPHASAYONH DOING BUSINESS A THE KING & I	
DOING BUSINESS A THE KING & I	
ADDRESS 1427 MAIN STREET	
CITY/TOWN: PALMER STATE: MA ZIP CODE: 01069	
MANAGER: BOUNPHASAYSO TYPE OF LICENSE: Restaurant NH CATEGORY: Wine a Malt R	
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
1500 SQ FT WITH TWO EXITSMAIN ENTRANCE ON FRONT TO N. MAIN STREET EXIT IN BACK WHICH LEADS TO PARKING LOTEIGHT TABLES IN DIDNG ROOM	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEBRIONE NUMBER. EMPLOYER IDENTIFICATION NUM	
TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu	
individual Social Security Fu	moory
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of	f the
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.	Acts
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010. Please Check Below: LOCAL LICENSING AUTHORITY	Acts
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010. Please Check Below: APPROVED: By:	Acts
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010. Please Check Below: APPROVED: By: DISAPPROVED:	Acts
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010. Please Check Below: APPROVED: By:	Acts
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010. Please Check Below: APPROVED: By: DISAPPROVED:	Acts —



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LICENSE NUN	MBER: 094800064		CITY OR TOWN PALM	ER
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: RUSSO'S LA	KESIDE SEAFOOD & S'	TEAKHOUSE	
DOING BUSIN	NESS A RUSSO'S L	AKESIDE SEAFOOD &	STEAKHOUSE	
ADDRESS 702	2 RIVER STREET			
CITY/TOWN:	PALMER	STATE: MA	ZIP CODE: 01069	
	VENTURA, THOMAS J.	TYPE OF LICENSE: Re	staurant CATEGOR	RY: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
		DININF ROOM BAR & F EMISES INCLUDES OUT	KITCHEN. 2,610 SQ.FT. UN ΓSIDE PATIO AREA	FINIHSED
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	e same premises now licensed	•
2. the l	licensee has complied	d with all laws of the Com	monwealth relating to taxes; a	and
3. the p	premises are now ope	en for business (If not expl	ain below)	
				_
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, s	signed by the buildi	ng inspector and the hea	ne certificate required by Ch d of the fire department for urance required by Chapter	the above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappioveu	CAPIAIII)			
DATE:				